

|                             |                         |              |                        |            |
|-----------------------------|-------------------------|--------------|------------------------|------------|
| SERIAL NUMBER<br>09/053,155 | FILING DATE<br>04/01/98 | CLASS<br>361 | GROUP ART UNIT<br>2831 | ATTO<br>72 |
|-----------------------------|-------------------------|--------------|------------------------|------------|

APPLICANT DAVID A. EVANS, SEEKONK, MA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

*[Signature]* VERIFIED THIS APPLN IS A CIP OF 08/635,696 04/22/96 PAT 5,  
 WHICH IS A DIV OF 08/514,145 08/11/95 PAT 5,  
 WHICH IS A DIV OF 08/282,229 07/29/94 PAT 5,  
 WHICH IS A CIP OF 08/035,224 03/22/93 PAT 5,

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED  
*[Signature]*

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED  
*[Signature]*

FOREIGN FILING LICENSE GRANTED 05/01/98

\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

|   |  |                        |                     |                    |        |
|---|--|------------------------|---------------------|--------------------|--------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY<br>MA | SHEETS DRAWING<br>4 | TOTAL CLAIMS<br>19 | IND CL |
| Verified and Acknowledged<br>Examiner's Initials            | <i>[Signature]</i>   | <i>[Initials]</i>      |                     |                    |        |

ADDRESS  
LEYDIG VOIT AND MAYER  
SUITE 300 700 THIRTEENTH STREET NW  
WASHINGTON DC 20005

TITLE  
CAPACITOR

|                              |   |  |
|------------------------------|---|--|
| FILING FEE RECEIVED<br>\$436 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|------------------------------|---|--|